

IVANHOE MUNICIPAL COURT

870 Charmaine Drive E., Woodville, TX 75979 409-283-3299 fax 409-283-3299 email: coicourts@gmail.com

FINANCIAL AFFIDAVIT & CONTACT VERIFICATION

My Name is: _____ Date of Birth: _____

My complete mailing address: _____
Address Street Apt.# City State Zip

Home Phone Number (____) _____ Work Phone Number (____) _____

Cell Phone Number (____) _____ Other Contact Number (____) _____

My Income Sources are stated below.

Unemployed since (date) _____ Student (FT) (PT) at _____

Employer: _____ Phone Number: _____

Employer Address: _____

Other Income (circle those that apply): Child/ Spousal Support, Spouse's Income, Worker's
Comp, Disability, Unemployment, Social Security, Retirement

I receive these public benefits that are based on indigency (circle those that apply):

SSI, WIC, TANF, Food Stamps/SNAP, Medicaid, CHIP, Housing

My monthly take-home wages: \$ _____

The amount I receive each month in public benefits: \$ _____

The amount of income from other people in my household is: \$ _____

The amount I receive each month from other sources is: \$ _____

My Dependents: People who depend on me financially:

Name	(Age)	Relationship to me
a. _____	()	_____
b. _____	()	_____

My Monthly Expenses are:

Rent/ Housing Payments \$ _____

Food/ Household Supplies \$ _____

Utilities/Water/Elec \$ _____

Internet/ Cable/ Dish \$ _____

Home/ Mobile Phone \$ _____

Vehicle Loan \$ _____

Insurance (life, auto, home) \$ _____

School/ Child Care \$ _____

Child/ Spousal Support \$ _____

Transportation/ Gas \$ _____

Credit Cards \$ _____

Other Loans \$ _____

Medical \$ _____

Other \$ _____

TOTAL MONTHLY EXPENSES \$ _____**I request that the court:**

_____ Extend payment to a later date.

_____ Grant a time payment plan.

_____ Allow me to perform
community service, because
I have no resources
to pay my citation.

_____ Reduce my current payment plan.

I assert that the statements made in this affidavit are true and correct. I understand that if I intentionally or knowingly give false information in this affidavit, I may be prosecuted for the offense of aggravated perjury, a felony punishable by imprisonment not to exceed 10 years and a fine not to exceed \$5,000.

Defendant Signature _____ Date _____